

EXHIBIT 18.2

WAMY report January to August, 1999

الندوة العالمية للشباب الاسلامي

World Assembly of Muslim Youth

(WAMY)

Pakistan Office
Peshawar

Prince Abdul Al-Mohsin Hospital

Statistical & Narrative Report For the Period
January to August 1999

اعداد مكتب باكستان

Preface :

The long years of conflict in Afghanistan have deeply affected every aspect of life in the country. Like other parts of the country, Paktia province has been subjected to great destruction, of most if not all infrastructures. One of the most important health facilities that has been badly damaged by the prolonged war is the hospital in Chamkani district - Shahri-now.

In early 1988, World Assembly of Muslim Youth (WAMY) felt the dire need of Afghan people for health care. Therefore it took over the building of the ruined hospital in the year 1988 and immediately started the necessary repair and maintenance. Moreover comprehensive innovation and reestablishment of the hospital was successfully completed, then the hospital was fully equipped with imported medical equipment. In the year 1989, the hospital was brought into fully functioning condition.

From that time on the hospital works efficiently around the clock rendering valuable services to the ailing and suffering community of Paktia province and the surrounding provinces .

Objectives of the hospital :

Objectives are divided into two :

1- The long term objectives are :

- (a) to provide health care facilities to the community of the area .
- (b) combating different diseases in the area .
- (c) Developing health awareness among the community members.

2- The Short term objectives are :

- a. to reduce morbidity and mortality rates in the area .
- b. to provide medical and surgical services to the patients .
- c. to control Malaria and T.B, and Diarrhea in the area .
- d. to provide fully accommodated wards to look after the inpatients .
- e. to provide vaccination facilities for women and children under five years .
- f. to receive emergency & causality cases .
- g. to control the communicable diseases .
- h. to give proper treatments to the out patient consultants .

General Information

1- The name of the hospital:

The Chamkani hospital has been renamed after the late prince Abdul - Mohsin bin Abdul Aziz of KSA* .

2- Geographical location and the population benefiting from the hospital:

Besides Chamkani district, the people of other adjacent districts of Paktia province namely, (Janikhail - Dandi pathan , Ahmad kheil and Mirzaka) are also direct beneficiaries of the hospital. Moreover the hospital also play the role of referral health facility for the patients directly coming from Gardez - the capital city of the province.

The total number of population directly benefiting from the hospital reaches (100000) beneficiaries .

3-Staff of the hospital :

Table (1) shows the staff categories of the hospital .

A / Technical staff

| S No | Description | No | Remarks |
|------|-----------------------------------|----|---|
| 1 | Medical Director | 1 | Expatriate |
| 2 | Medical specialist | 1 | Local |
| 3 | Surgeon specialist | 1 | Local |
| 4 | Gynecology specialist | 1 | Local |
| 5 | Medical officers | 3 | Local |
| 6 | technicians & Paramedical staff . | 16 | Local staff for X-ray , Lab,OT Internal pharmacy , Nurses including female & anesthesia |
| 7 | EPI Workers | 2 | Local |

B/ Supporting staff :

| S No | Description | No | Remarks |
|------|----------------------|----|------------|
| 1 | Senior administrator | 1 | Expatriate |
| 2 | Junior administrator | 2 | Local |
| 3 | labors | 10 | Local |
| 4 | Guard | 4 | Local |

* KSA = Kingdom of Saudi Arabia .

4- Departments, Sections, & Units of The Hospital :

The hospital provides health care and health services through its different essential departments, i.e. different sections and units. Special control programs for T.B, Malaria & Maternal health care are also organized and maintained by the hospital .

A/ Out Patient department .

Table (2) Shows OPD :

| S No | out patient Departments (OPD) |
|------|-------------------------------|
| 1 | Medical OPD |
| 2 | Pediatric OPD |
| 3 | Surgical OPD |
| 4 | Gynecological OPD |
| 5 | Dental OPD |

B/ Table (3) Shows Internal Departments :

| S No | Internal Departments |
|------|-------------------------|
| 1 | Medical Department |
| 2 | Surgical Department |
| 3 | Obst - Gyn Department |
| 4 | Pediatric Department |
| 5 | Lab Department |
| 6 | X-Ray Department |
| 7 | Ultrasound Department |
| 8 | Major operation theater |
| 9 | Major operation theater |

C/ Internal Pharmacy .

D/ EPI / Section: the program is assisted by UNICEF .

F/ Drug store .

G/ Patients wards .

- 1- Male Medical ward .
- 2- Female Medical ward .

- 3- Male Surgical ward .
- 4- Female Surgical ward .
- 5- Pediatric ward .

H/ Special control Programs .

- 1- Malaria control Program .
- 2- T.B control Program .
- 3- Diarrhea control Program .

4- logistic:

The hospital is provided with a fully equipped ambulance for bringing the referred specimen to Peshawar timely. The staff and hospital administration are also provided with another vehicle for their transportation .

In general the hospital is one of the health facilities that has been / characterized by:

- 1. Personal accessibility easy obtainable health services .
- 2. Coverage of health services that any patient needs .
- 3. Well qualified, prepared medical staff .
- 4. Enough quantity and good quality medicines .

Besides the treatment of patients the hospital's administration focuses on the preventive medicine and curative measures. On the other hand training of the joiner technical staff is well established and maintained in the hospital, through couching or sending them to different courses.

Hospital Activities :

The attached tables (5 to16) illustrate different activities of the hospital for the period January to August of the current year, 1999.

Special control Programs :

A- Malaria control program :

Malaria has long been a public health problem in Afghanistan . In the hospital area the reported cases of malaria is on the rise specially during summer Period. Numerous deaths are reported in the area . The malaria control program launched by the hospital administration focuses on the prevention of mortality and socio-economic losses due to malaria. Progressive improvement are under taken to strengthen the hospital's capabilities to effectively combat the disease. The program aims at keeping malaria under control and reducing mortality rate . The malaria control program is carried out in collaboration with other international health organizations, namely Medicine Sans Frontier (MSF) - health net. This collaboration is meant to achieve the following goals :

- 1) Training technical staff to enhance their skills.
- 2) Improving the diagnostic capacities of the laboratories .
- 3) Distribution of impregnated bed nets among the community in the hospital area .

B-Tuberculosis Control Program :

Tuberculosis is widely prevalent in Afghanistan and worse than in any other developing country - This is mainly due to following reasons:

- 1) Poverty in the area .
- 2) Under trained health workers .
- 3) Unavailability of diagnostic equipment .
- 4) High cost of treatment .

WAMY administration after realizing the seriousness of the tuberculosis problem has established a separate program to combat with this killer disease .

The program gives priority to training of the health workers and the technical staff, as well as provision of equipment for proper and accurate diagnosis. The treatment (drugs) provided to the patients is free of any charges this is another priority .

The T.B control program also focuses on the following major activities :

- (1) To provide health education to the community through distribution of publicity material in the form of pamphlets and posters
- (2) To arrange appropriate short training courses for doctors, laboratory technicians and health workers to carry out proper diagnosis of the disease .
- (3) To provide anti - tuberculosis drugs to the patients free of any charges .
- (4) To provide BCG vaccination for newly born and infants .

Health charges Assessment Policy :

Since its establishment in the year 1989, Prince Abdul Mohsin Bin Abdul Aziz hospital provided valuable services to the needy community free of charges up to the year 1996. WAMY administration felt the dire need that it is the time to adopt some sustainability measures. The sustainability policy aims at :

- 1- Involving the community in the project running and ensuring their participation and contribution .
- 2- Charging policy helped the administration to continue running the project successfully .
- 3- Charging policy helped the administration to further improve the quality of services rendered to the patients .
- 4- Charging policy helped the administration to solve the short fall of resources against the budget faced due to weak response of the donors .
- 5- Fortunately the community responded positively to the new approach . Following this positive development the administration started to put some nominal charges for the different services provided by the hospital to the community. Annually the charging rates are evaluated and increased if thought feasible. The response of the community for the last three years encouraged the administration to increase the charges. In the year 1998, community contribution through charging the services has reached as much as (25%) of the total project running cost , while the rest (75%) was provided by WAMY .

b. Charging policy should be reviewed annually . Possibilities for increasing charges is to be considered .

In the long term objectives the administration shall discuss with the community elders and authority in the area the future of the hospital. If the sustainability measures proved to be successful then the administration will be in better position to decide on the issue of continuity for as long as the financial resources allow .

Problems and constraints :

- 1- Scarcity of medical specialist and paramedical staff .
- 2- Inaccessibility of the road to the hospital .
- 3- Low quality and high prices of medicines and drugs .

Enclosures

- 1- Charging List .
- 2- WHO - Mission Report .

Report Prepared by

Pakistan Office

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Analysis of some hospital indicators

The following Table (5) analysis of some hospital indicators reflects the general performance of the hospital.

| No. | Hospital Indicators | Sign |
|-----|--|----------|
| 1 | Average length of patient stay | 7 days |
| 2 | Recovery percentage | 67.5 % |
| 3 | Recovery rate | 85 % |
| 4 | Complication rate | 1.3% |
| 5 | Mortality death rate for 1998 | non |
| 6 | Number of death cases after operations during 1998 | 4 cases |
| 7 | Number of death cases during 1998 | one case |
| 8 | Number of death cases during 1978 | 8 cases |

Table (6) Shows Integrated Departmental Activities of Prince Abdul Mohsin Hospital for the Period
January to August 1999

| Activity Months | Total Consult | | | | O P D | | | | | | Medical | | | | | | Surgical | | | Pediatric | | | | | | Gyn / Obst | | | | | | | |
|--------------------|---------------|---------------|------------------------|------------|---------|-----------------|-----------------|--------------|---------------|-----------|---------------|-------------------|-----------------|-------------|--------------|--------|-----------------|----------|-----------------|---------------|-------------|-------------|------------------|-----------------|--------|--------------|---------------|-----------------|------------------|-------|------------|------------------|-----------------|
| | Total Consult | Women consult | Less than 5 yrs counse | Admissions | Medical | Children clinic | Surgical Clinic | M C H clinic | Dental Clinic | Emergency | Hypertensions | Tropical diseases | GIT & dysentery | Respiratory | U T diseases | Fevers | Minor Operation | Moderate | Major Operation | GIT&dysentery | UT diseases | Respiratory | Rheumatic fevers | Tropic diseases | Fevers | Hysterectomy | Cesarian sect | Normal delivery | Thret. abortions | D & C | Episiotomy | Ovar cyst / remv | Misc procedures |
| Jan | 1449 | 807 | 382 | 661 | 881 | 362 | 38 | 86 | 102 | 301 | 18 | 30 | 146 | 64 | 120 | 37 | 19 | 0 | 8 | 120 | 2 | 100 | 1 | 4 | 3 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Feb | 2031 | 774 | 507 | 939 | 1048 | 707 | 101 | 97 | 80 | 258 | 36 | 33 | 185 | 208 | 189 | 35 | 24 | 1 | 10 | 139 | 0 | 114 | 0 | 3 | 4 | 0 | 2 | 0 | 0 | 1 | 1 | 0 | 2 |
| Mar | 1438 | 800 | 359 | 529 | 809 | 359 | 42 | 108 | 119 | 259 | 30 | 28 | 110 | 104 | 70 | 22 | 25 | 2 | 5 | 46 | 0 | 89 | 0 | 5 | 2 | 0 | 1 | 0 | 0 | 3 | 0 | 1 | 4 |
| Apr | 2280 | 905 | 585 | 962 | 1225 | 788 | 65 | 79 | 125 | 229 | 21 | 59 | 216 | 228 | 206 | 41 | 87 | 6 | 10 | 75 | 0 | 87 | 1 | 2 | 3 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 10 |
| May | 2050 | 646 | 587 | 893 | 1109 | 804 | 54 | 181 | 124 | 320 | 26 | 35 | 185 | 202 | 146 | 43 | 58 | 8 | 7 | 120 | 2 | 114 | 0 | 3 | 1 | 2 | 0 | 2 | 0 | 1 | 0 | 9 | |
| Jun | 2270 | 903 | 587 | 880 | 1329 | 705 | 53 | 57 | 128 | 342 | 27 | 27 | 207 | 217 | 204 | 26 | 58 | 5 | 9 | 86 | 0 | 74 | 0 | 1 | 2 | 1 | 1 | 1 | 2 | 0 | 0 | 13 | |
| Jul | 2517 | 900 | 629 | 948 | 1402 | 721 | 107 | 142 | 145 | 363 | 24 | 32 | 206 | 227 | 207 | 36 | 22 | 3 | 8 | 108 | 0 | 98 | 0 | 1 | 3 | 2 | 0 | 3 | 4 | 0 | 1 | 6 | |
| Aug | 2209 | 907 | 552 | 857 | 1169 | 752 | 88 | 109 | 93 | 329 | 23 | 23 | 218 | 182 | 145 | 25 | 39 | 2 | 13 | 79 | 1 | 75 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 3 | |
| Total | 16224 | 8242 | 4108 | 8469 | 8970 | 4976 | 546 | 820 | 914 | 2441 | 208 | 268 | 1493 | 1410 | 1289 | 263 | 332 | 26 | 70 | 768 | 5 | 772 | 2 | 19 | 20 | 5 | 5 | 7 | 18 | 3 | 2 | 47 | |

Hospital Activities : Table (7) Shows Consult From January to August 1999

| Month | Total Consult | women consult | less than 5 yrs consult | Admissions | Bed Occupancy |
|-------|---------------|---------------|-------------------------|------------|---------------|
| Jan | 1449 | 607 | 362 | 661 | 41% |
| Feb | 2031 | 774 | 507 | 939 | 62.60% |
| Mar | 1438 | 600 | 359 | 829 | 35% |
| Apr | 2260 | 908 | 565 | 962 | 64% |
| May | 2050 | 646 | 567 | 893 | 59.50% |
| Jun | 2270 | 903 | 567 | 880 | 58.60% |
| Jul | 2517 | 900 | 629 | 948 | 63.20% |
| Aug | 2209 | 907 | 552 | 667 | 44% |

[illegible]

surgical Unit:

The following report demonstrate activities of surgical unit from January to August 1999, as follows

A) Table (10) Shows Report of Major Operations :

| S.No | Diagnosis & Operations | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Total |
|--------------|--|----------|-----------|----------|-----------|----------|----------|----------|-----------|-----------|
| 1 | Strangulated Hernia | 1 | | ▼ | 2 | | | | | 3 |
| 2 | Goiter / Thyroidectomy | | 1 | | 1 | | | | | 2 |
| 3 | Osteochondroma / removal | | | | 1 | | | | | 1 |
| 4 | Urinary Bladder Stone | | 1 | 1 | | | 1 | | | 3 |
| 5 | Appendectomy | 4 | 3 | 1 | 1 | 4 | 2 | 3 | 2 | 20 |
| 6 | Intestinal Obstruction | | 2 | | | 1 | 1 | | 2 | 6 |
| 7 | Hernioplasty | | 1 | | 1 | 1 | 1 | 1 | 2 | 7 |
| 8 | Peritonitis due to Rupture Appendicitis | 2 | | | | | | | 1 | 3 |
| 9 | Cholecystectomy | 1 | 1 | | | | 1 | 1 | | 4 |
| 10 | Peritonitis due to stomach Perforations | | | | | 1 | 1 | | 1 | 3 |
| 11 | Benign Hyperplasia Prostate / Prostatectomy | | | | 1 | | | | | 1 |
| 12 | Laparotomy / abdominal Wall injury : (Bullet etc.) | | | | | | | 1 | 1 | 2 |
| 13 | Peritonitis due to rupture Ectopic pregnancy | | | | | | | 1 | 1 | 2 |
| 14 | Kidney stone | | | ▼ | | | | 1 | 2 | 3 |
| 15 | Peritonitis | | | 1 | | | 2 | | 1 | 4 |
| 16 | Colostomy for closure | | 1 | 1 | | | | | | 2 |
| 17 | Ureterolith / ureterolithotomy | | | 1 | 2 | | | | | 3 |
| 18 | Ureter stone | | | | 1 | | | | | 1 |
| Total | | 8 | 10 | 5 | 10 | 7 | 9 | 8 | 13 | 70 |

B) Table (11) Shows Report of Moderate Operations :

| S.No | Diagnosis & Operation | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Total |
|--------------|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1 | Skin graft | | | | 2 | 1 | 3 | 1 | 1 | 6 |
| 2 | Hydrocele | | | | 2 | 1 | 2 | | 1 | 6 |
| 3 | Anal fistula | | | | | 1 | | 1 | | 2 |
| 4 | Amputations | | | 1 | | 1 | | | | 2 |
| 5 | EXT. hemorrhoidectomy | | 1 | | 1 | 1 | | 1 | | 4 |
| 6 | Cleft, lip | | | | | 1 | | | | 1 |
| 7 | Burn contracture | | | 1 | 1 | | | | | 2 |
| Total | | 0 | 1 | 2 | 6 | 6 | 5 | 3 | 2 | 25 |

C) Report of Minor Operations

| M O T | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Total |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Procedure | 19 | 24 | 25 | 87 | 58 | 58 | 22 | 39 | 332 |

The following Table (12) Shows activities of GYN/OBS unit from January to August 1999 As follows

| <i>Operations & Procedures</i> | <i>Jan</i> | <i>Feb</i> | <i>Mar</i> | <i>Apr</i> | <i>May</i> | <i>Jun</i> | <i>Jul</i> | <i>Aug</i> | <i>Total</i> |
|------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Hysterectomy | | | | | 2 | 1 | 2 | | 5 |
| Cesarian Section | 1 | 2 | 1 | | | 1 | | | 5 |
| Normal delivery | 3 | 6 | 7 | 10 | 12 | 8 | 6 | 5 | 57 |
| Threaten abortions | | | | 1 | 2 | 1 | 3 | | 7 |
| D & C | 1 | 1 | 3 | 3 | | 2 | 4 | 2 | 16 |
| Episiotomy | | 1 | | | 1 | | | 1 | 3 |
| Ovarian cyst / removal | | | 1 | | | | 1 | | 2 |
| Miscellaneous procedures | | 2 | 4 | 10 | 9 | 13 | 6 | 3 | 47 |
| Total | 2 | 6 | 9 | 14 | 14 | 19 | 16 | 6 | 86 |

[illegible]

The following Table (14) Shows activities of Diagnostic section

From January to August 1999 as follows

| <i>section</i> | <i>Jan</i> | <i>Feb</i> | <i>Mar</i> | <i>Apr</i> | <i>May</i> | <i>Jun</i> | <i>Jul</i> | <i>Aug</i> | <i>Total</i> |
|----------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| X-Ray | 294 | 267 | 277 | 346 | 362 | 351 | 363 | 325 | 2585 |
| Laboratory | 1968 | 2792 | 1855 | 1967 | 2430 | 2587 | 1802 | 2358 | 17759 |
| Ultrasound | 69 | 36 | 77 | 78 | 69 | 57 | 57 | 77 | 520 |
| E C G | 9 | 12 | 7 | 4 | 9 | 4 | 10 | 8 | 63 |

Malaria Control Program - Table(15) Shows Report for the Period January to August

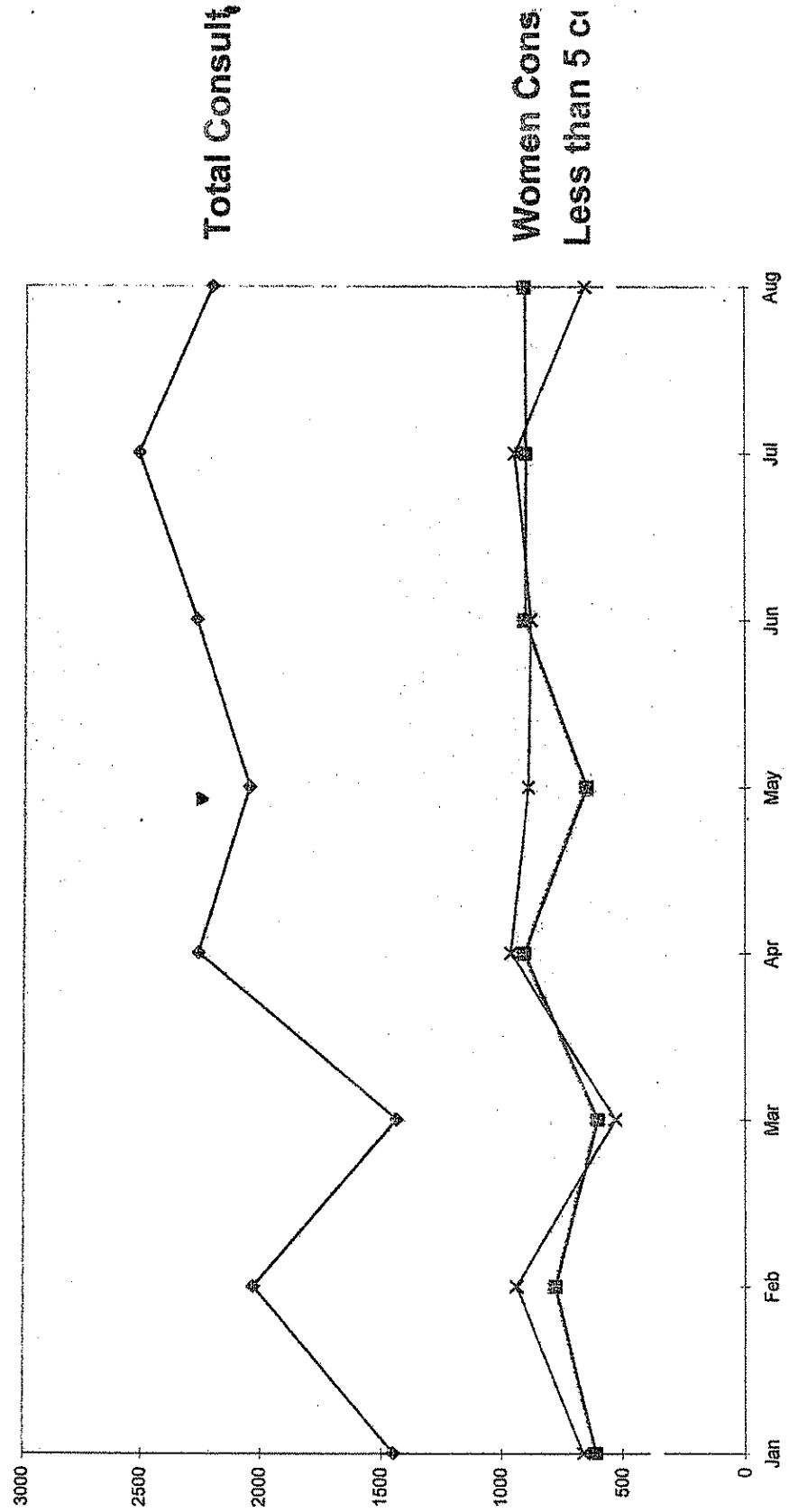
| Month | Examined Slide | P.V | F.F | MIX | - ve Slide | + ve Slide |
|-------|-------------------|-----|-----|-----|---------------|---------------|
| Jan | 98 | 0 | 0 | 0 | 98 | 0 |
| Feb | 93 | 6 | 0 | 0 | 87 | 6 |
| Mar | 137 | 18 | 0 | 0 | 119 | 18 |
| Apr | 278 | 28 | 2 | 0 | 248 | 30 |
| May | 329 | 34 | 3 | 0 | 292 | 37 |
| Jun | 436 | 34 | 3 | 0 | 399 | 37 |
| Jul | 505 | 82 | 31 | 0 | 392 | 113 |
| Aug | 579 | 105 | 69 | 0 | 412 | 164 |

TUBERCULOSIS CONTROL PROGRAM

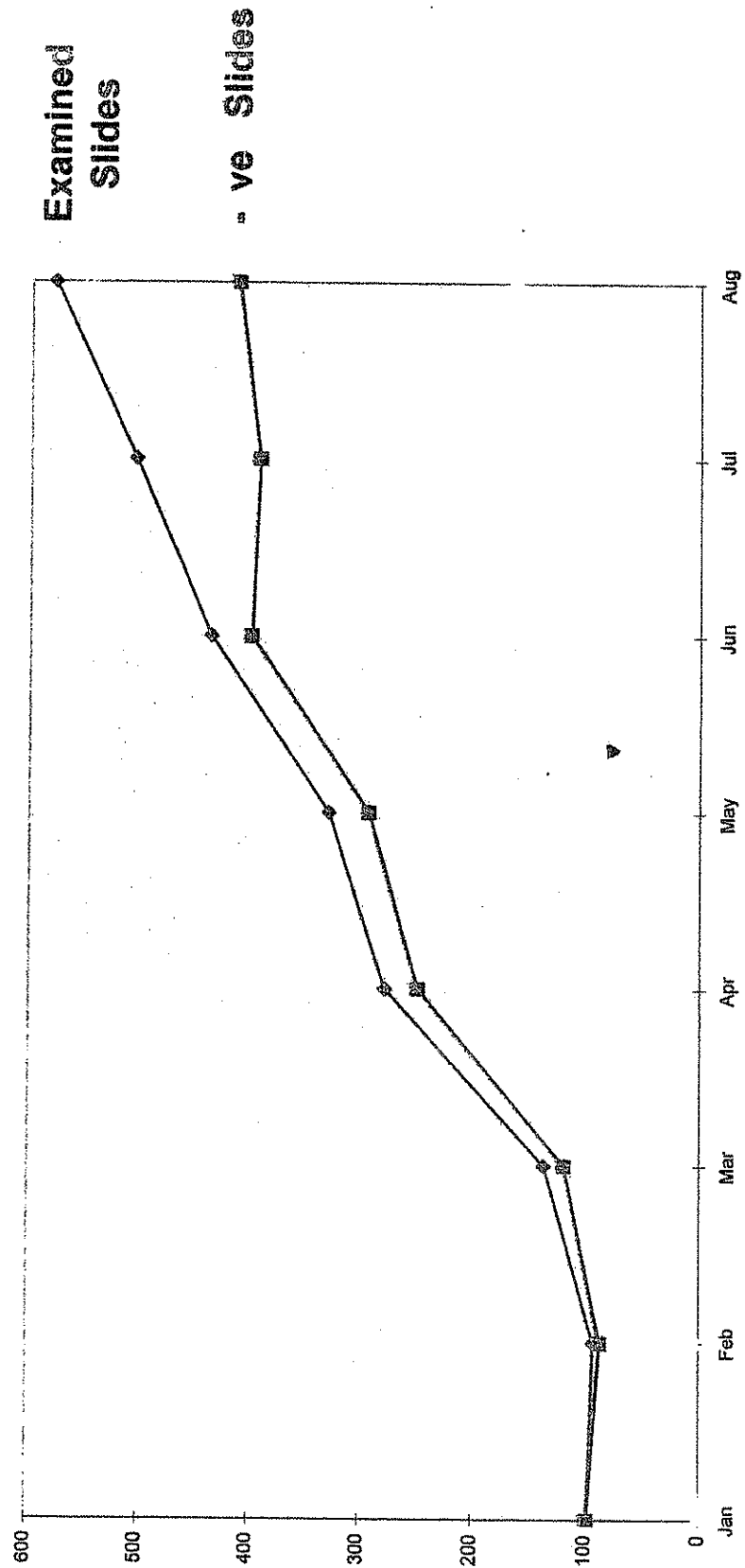
The following Tabel (16) Shows report activities for the year 1999

| Type of Disease | Type of Pts | | SEX | | Sputum for AEB | | Treatment completed | | Treatment not completed | |
|-----------------|-------------|---------|-----|----|----------------|-----|---------------------|----|-------------------------|---|
| | New | relapse | M | F | -ve | +ve | F | M | F | M |
| Pulmonary | 82 | 17 | 18 | 64 | 49 | 42 | 81 | 25 | 17 | 4 |
| Extra Pulmonary | 51 | 2 | 15 | 39 | | | 34 | 10 | 7 | 3 |

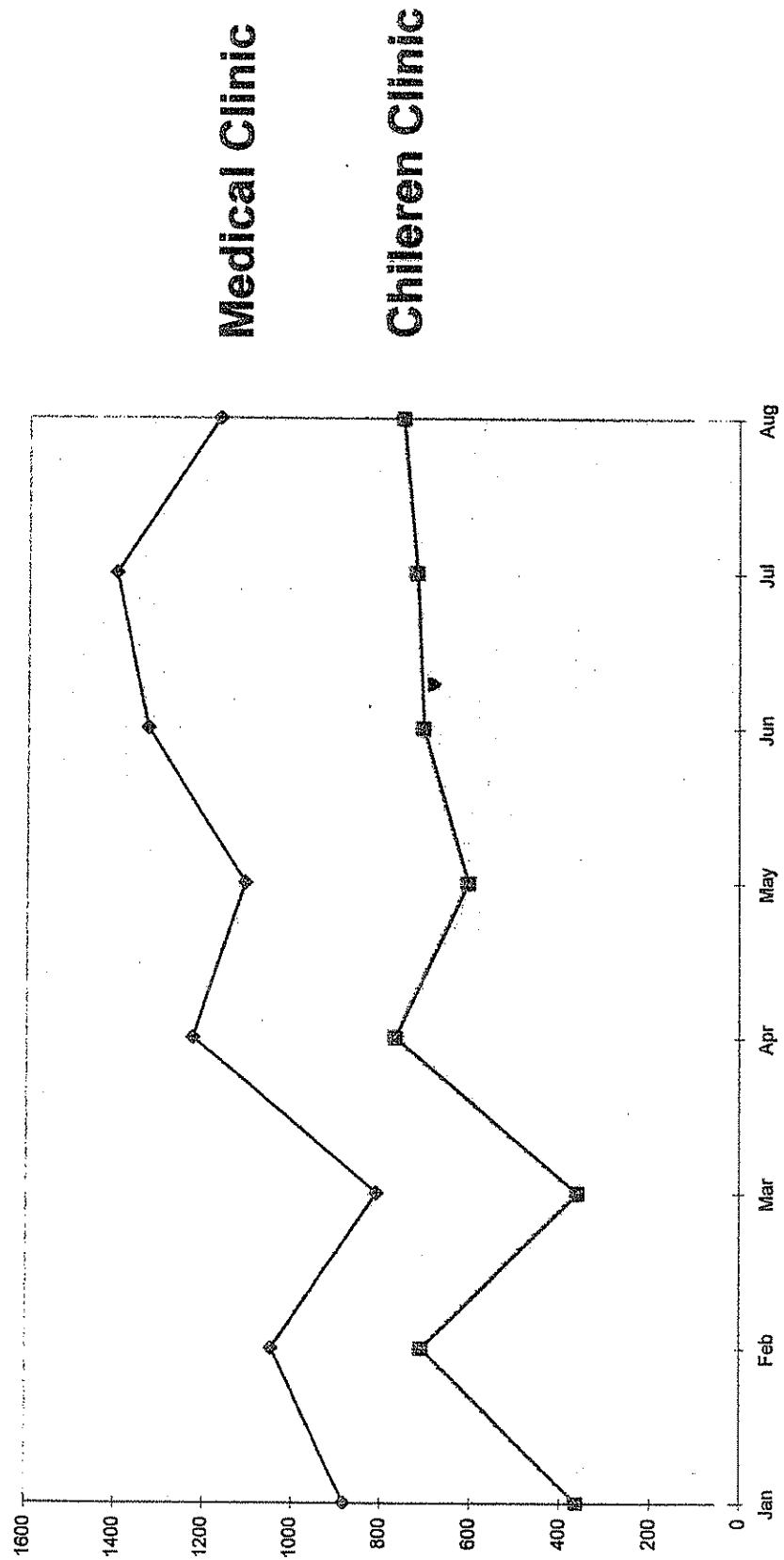
Hospital Attendance Report for the Period January to August

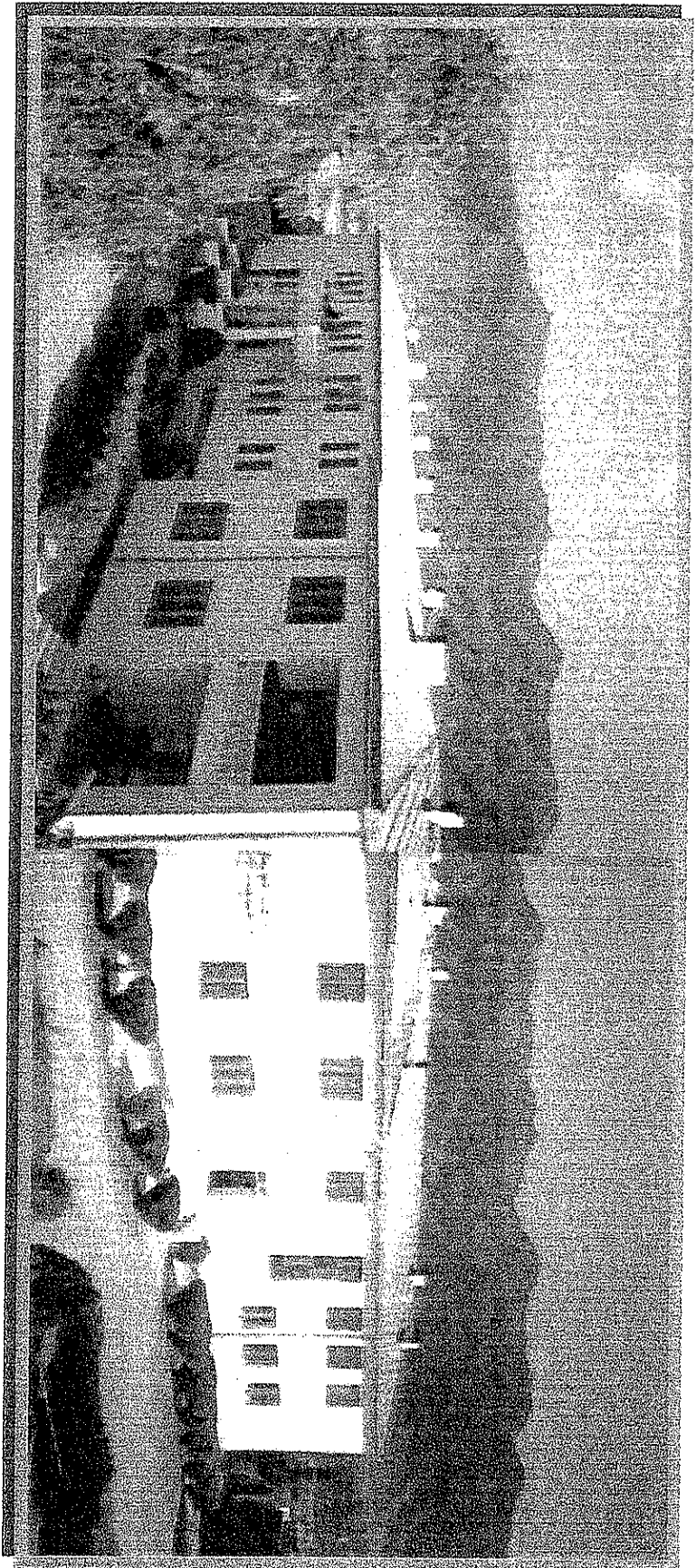


***Malaria Control Program - Report for the Period
January to August***

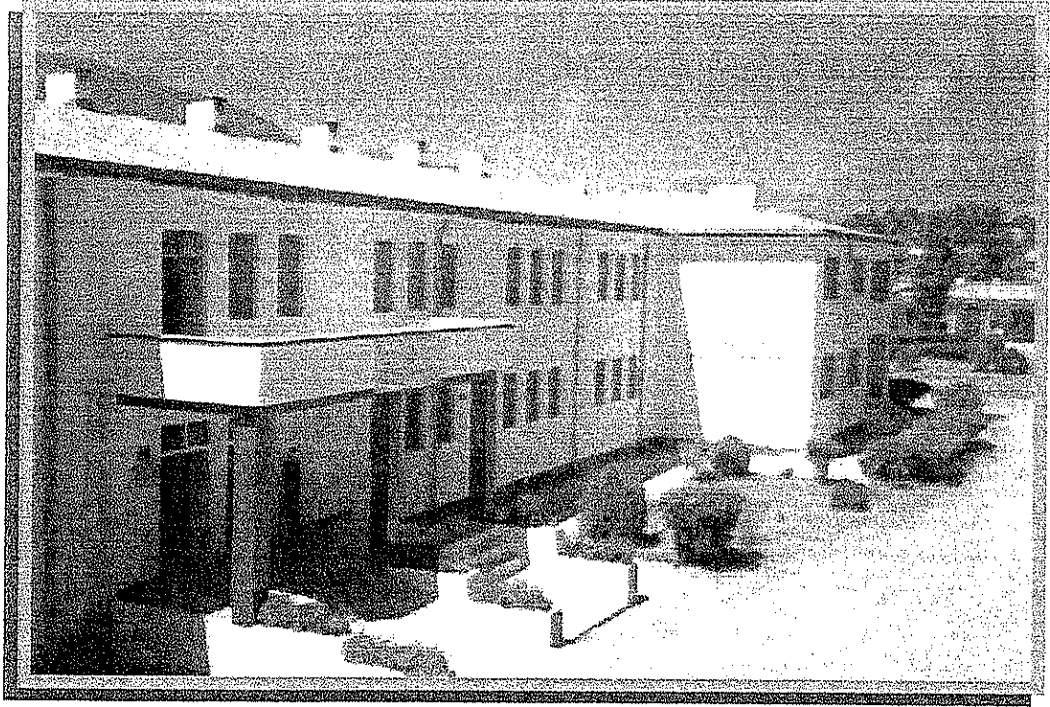


**Activities of out patients department For the Period
January to August 1999**





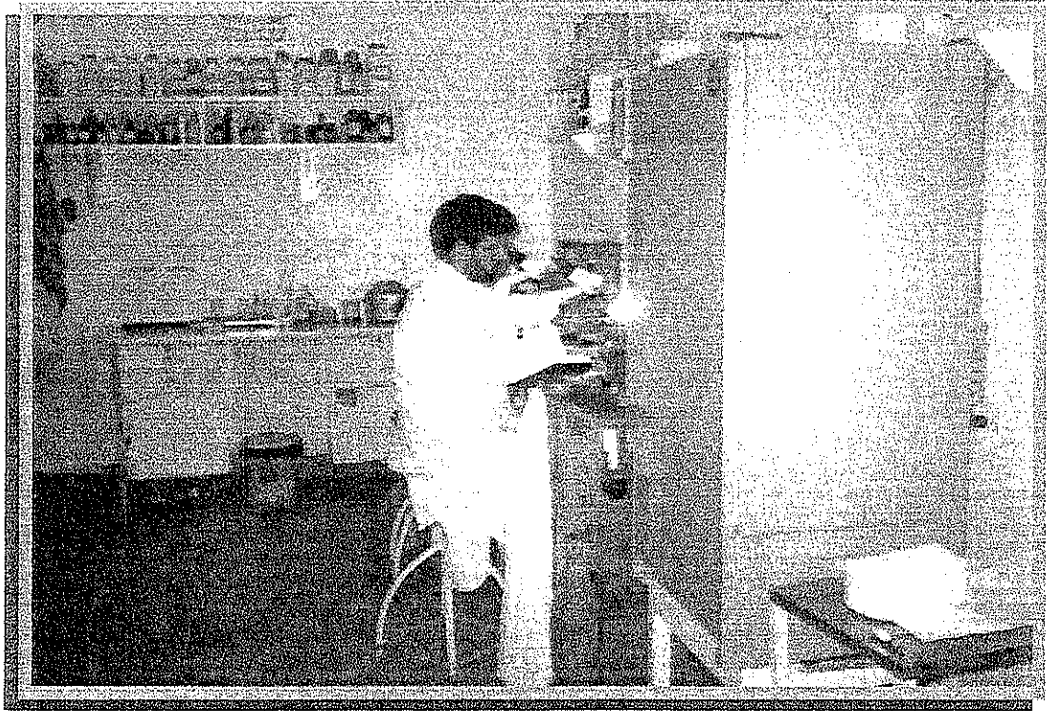
General View of the Hospital



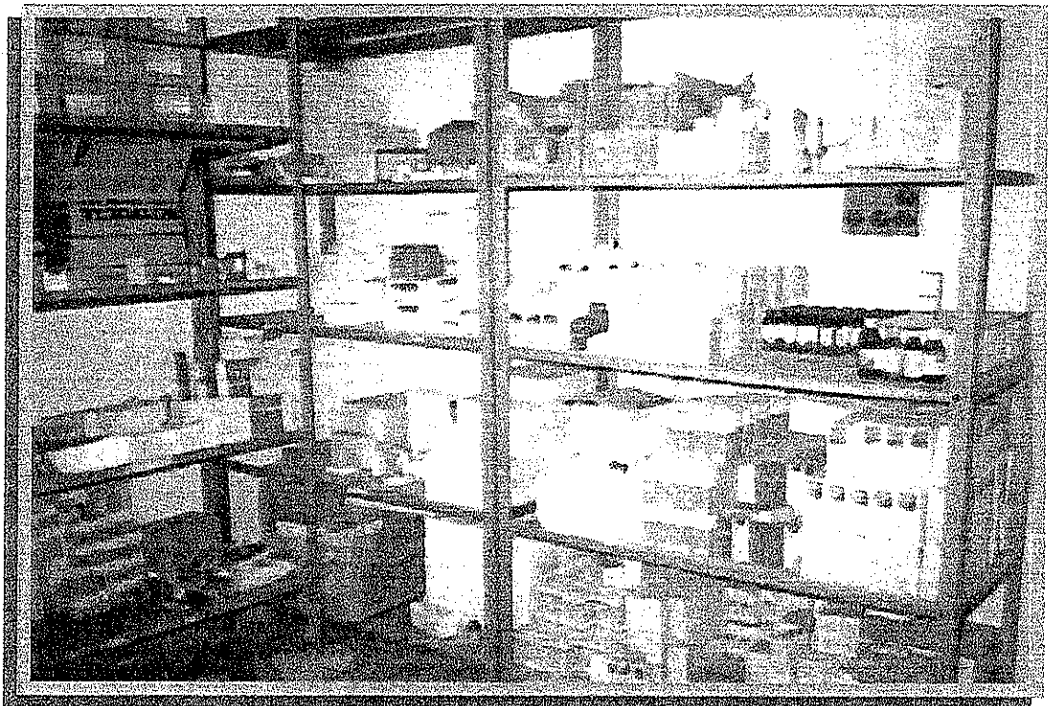
Front View of the Hospital Entrance



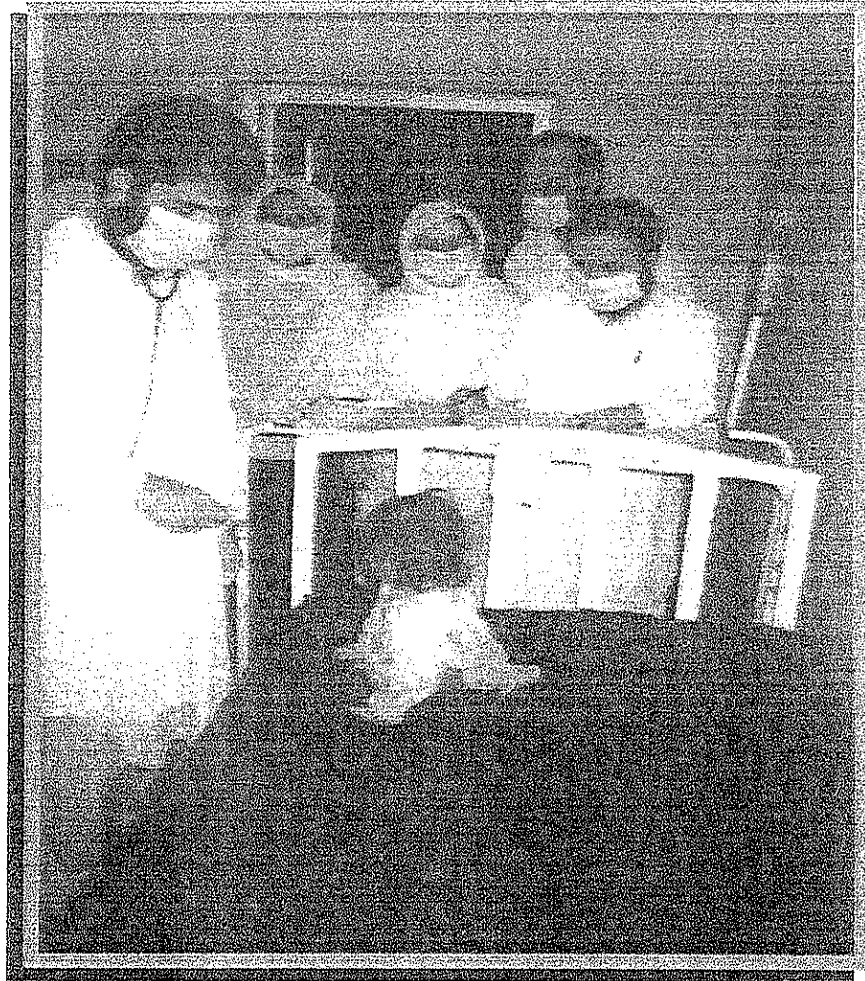
Side View of The Hospital



Lab - Facilities



Internal Pharmacy



Pediatric Ward



Dental Unit